## PART B - FEE(S) TRANSMITTAL

| Complete and send  | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885   |  |   |   |   |  |  |  |  |
|--|---|--|---|---|---|--|--|--|--|
| INSTRUCTONS: This for appropriate All further completes appropriate appropriat | orm should be used for transpression or directed otherwise  | smitting the ISSU<br>Patent, advance or<br>in Block I, by (a   | JE FEE and PUBI<br>ders and notificati<br>a) specifying a new   | LICATION FEE (if recon of maintenance fees correspondence addre | quired). Blocks 1 will be mailed to ss; and/or (b) indi | through 5 s<br>o the current<br>icating a sepa | hould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for |  |  |
| CURRENT CORRESPONDEN   |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  |   |   |   |  |  |  |  |
| Steven M. Hoffb<br>MILDE, HOFFBE<br>Suite 460<br>10 Bank Street  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |   |  |  |  |  |
| White Plains, NY 10606   |   |  |   | Steven N  | (Depositor's name)                                      |  |  |  |  |
| /20/2005 HVUONG2 00000109 09577961   |   |  |   | A NOT   |   |  | (Signature)  |  |  |
| FC:2501  |   |  |   | 12/15/03.   |   |  | (Date)   |  |  |
| APPLICATION NO.  | FILING DATE   | FIRST NAMED INV  |   | ENTOR   | ATTORNEY DOCKET NO.                                     |  | CONFIRMATION NO.   |  |  |
| 09/577,961   | 7,961 05/24/2000  |  | David I. Dur  | t TDT-206   |   | 20σ  | 6122   |  |  |
| TITLE OF INVENTION: A  | AUTHENTICATION METH   | OD AND SYSTEM  | М   |   |   |  |  |  |  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE F  | EE  | PUBLICATION FEE   | TOTAL FEE(S) DUE  |  | DATE DUE   |  |  |
| nonprovisional   | YES   | \$700  |   | \$0   | \$700   |  | 12/16/2005   |  |  |
| EXAMINER   |   | ART UN   | ПТ  | CLASS-SUBCLASS  | 7   |  |  |  |  |
| DARROW, JUSTIN T   |   | 2132   |   | 713-176000  | _   |  |  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |   |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |  |  |  |  |
| 3. ASSIGNEE NAME ANI   | D RESIDENCE DATA TO B   | E PRINTED ON T   | L<br>THE PATENT (pri  | nt or type)   |   |  |  |  |  |
| PLEASE NOTE: Unless recordation as set forth i   | s an assignee is identified ben 37 CFR 3.11. Completion   | elow, no assignee<br>of this form is NO  | data will appear of<br>T a substitute for fi  | n the patent. If an assi<br>ling an assignment.                 | gnee is identified                                      | below, the d                                   | ocument has been filed for   |  |  |
| (A) NAME OF ASSIGN   | NEE   | (B   | B) RESIDENCE: (C  | CITY and STATE OR C   | OUNTRY)   |  |  |  |  |
| Tracer Dete  | ection Technolo   | gy Corp.   | Syosse  | t, NY   |   |  |  |  |  |
| Please check the appropriat  | e assignee category or catego   | ries (will not be pr   | inted on the patent)  | : 🗆 Individual 🕄  | Corporation or otl                                      | her private gr                                 | oup entity Government  |  |  |
| <u> </u>   | - · · · · · · · · · · · · · · · · · · ·   |  |   |   | ayment of Fee(s):                                       |  |  |  |  |
| Issue Fee  | ☑ A check in the amount of the fee(s) is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  |  |   |   |   |  |  |  |  |
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| _ ~ •  | s (from status indicated above SMALL ENTITY status. See   | ,  | h Applicant is  | no longer claiming SM   | All FNTITV eto  | tus See 37 C                                   | FR 1 27(a)(2)  |  |  |
|  | is requested to apply the Issued to sublication Fee (if required) words of the United States Pate   |  |   | -   |   |  | ·-·  |  |  |
| Authorized Signature # h   |   |  | Date /7/15/05   |   |   |  |  |  |  |
| Typed or printed name  | Starrage M  | Hoffberg   |   |   | on No. 33,5   |  |  |  |  |
| Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313   | on is required by 37 CFR 1.3 lity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, sl ginia 22313-1450. DO NOT -1450. ction Act of 1995, no persons | SEND FEES OR (   | COMPLETED FOR   | RMS TO THIS ADDRE   | SS. SEND TO: C  | ommissioner                                    | for Patents, P.O. Box 1450,  |  |  |